

RECEIVED  
SONY PRO SE OFFICE

2015 SEP 25 PM 4:38

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORKJoseph Sherod Cannon

(In the space above enter the full name(s) of the plaintiff(s).)

AMENDED  
COMPLAINTunder the Civil Rights Act,  
42 U.S.C. § 1983

-against-

City of New YorkCO TorresCO Crocker 9303CO Aladin 7920CO Smith 9108CO Yakubu 8152CO Jackson 17789Jury Trial: ☒ Yes ☐ No  
(check one)15 Civ. 5753 (LAP)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

## I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff's

Name Joseph Sherod CannonID# 3491503252Current Institution Vernon C. Bain CenterAddress 1 Halleck Street, Bronx, New York 10474

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name TorresShield # N/AWhere Currently Employed Anna M. Cross CenterAddress 18-18 Hazen Street, East Elmhurst, New York

Defendant No. 2 Name Crocker Shield # 9303  
 Where Currently Employed Anna M. Kross Center  
 Address ~~18-18~~ Hazen Street East Elmhurst, New York

Defendant No. 3 Name Aladin Shield # 7920  
 Where Currently Employed Anna M. Kross Center  
 Address ~~18-18~~ Hazen Street, East Elmhurst, New York

Who did  
what?

Defendant No. 4 Name Smith Shield # 9108  
 Where Currently Employed Anna M. Kross Center  
 Address ~~18-18~~ Hazen Street, East Elmhurst, New York

Defendant No. 5 Name Ya Kubu Shield # 8152  
 Where Currently Employed Anna M. Kross Center  
 Address ~~18-18~~ Hazen Street, East Elmhurst, New York

## II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur?

Anna M. Kross Center, ~~18-18~~ Hazen Street, East Elmhurst, New York

B. Where in the institution did the events giving rise to your claim(s) occur?

Harts Island Clinic

C. What date and approximate time did the events giving rise to your claim(s) occur?

June 17<sup>th</sup>, 2015 and June 23<sup>rd</sup>, 2015 at Approx 1730 Hrs

D. Facts: On June 17<sup>th</sup>, 2015 I received a cut on my forehead

and was assaulted with a knife by CO Torres.

On June 23<sup>rd</sup>, 2015 I was discharged from the Bellevue Hospital and sent to Anna M. Kross Center on Rikers Island. I

What  
happened  
to you?

was then brought to the Harts Island Clinic while still cuffed by CO Crocker and CO Aladin. When arriving in the Harts Island clinic I was pulled away from the camera and told that I was going to speak to a clinician in a cubical. CO Crocker was trying to handcuff me to the wall when I was kicked by CO Jackson. I then ran out of the cubical in front of the camera to show that I was front cuffed and being assaulted. I was dragged back into the cubical and mased. I tried to run back out of the cubical but CO Crocker was blocking the doorway I was being punched in the back of my head and kicked. I was also cut on my back. My forehead was split open and so was the back of my head. I only recieved stitches in my forehead. My left wrist was also bleeding. I have scars on my face, my wrist and back and also the back of my head. I was then transferred to George R. Viner Center 09-09 Hazen Street East Elmhurst, NY where I did not receive mental health treatment and was refused showers. My mail was not being sent out which violated my right to freedom of speech and to petition the government.

Was anyone else involved?

Who else saw what happened?

### III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

Laceration on forehead, wrist, back and back of head.

Mental Distress

### IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☒ No ☐

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

Anna M. Kross Center, 18-18 Hazen Street, East Elmhurst, New York

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☒ No ☐ Do Not Know ☐

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☐ No ☐ Do Not Know ☒

If YES, which claim(s)?

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☐ No ☒

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☐ No ☒

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

Vernon C. Bain Center

1. Which claim(s) in this complaint did you grieve?

Outgoing and incoming mail

2. What was the result, if any?

no response

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process.

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

I filed an article 78 with the Supreme Court of Bronx



2. If you did not file a grievance but informed any officials of your claim, state who you informed, when and how, and their response, if any:

Barack Obama, Center for Constitutional Rights,  
Loretta E. Lynch, Sonia Sotomayor

- G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

I've filed an article 78 in the Supreme Court of Bronx  
and I've sent personal injury claims to the New York  
City Office at the Comptroller  
Constantly asked for grievance to be answered

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

**V. Relief:**

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount).

I am demanding \$9,000,000:  
pain and suffering \$1,800,000, Cruel and Unusual Punishment  
\$1,800,000, Nominal Damages \$1,800,000, Compensatory  
Damages \$1,800,000 Mental Distress \$1,800,000

On  
these  
claims

**VI. Previous lawsuits:**

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes ☒ No ☐

B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff Joseph Sherrod Cannon

Defendants New York City Police Department

2. Court (if federal court, name the district; if state court, name the county) United States District Court, Southern District of New York

3. Docket or Index number 15-CV-4579

4. Name of Judge assigned to your case Loretta A. Preska

5. Approximate date of filing lawsuit May 30<sup>th</sup>, 2015

6. Is the case still pending? Yes ☒ No ☐

If NO, give the approximate date of disposition \_\_\_\_\_

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) \_\_\_\_\_

On  
other  
claims

C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes ☒ No ☐

D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff Joseph Sherrod Cannon

Defendants New York City Police Department

2. Court (if federal court, name the district; if state court, name the county) United States District Court, Southern District of New York

3. Docket or Index number 15-CV-4579

4. Name of Judge assigned to your case Loretta A. Preska

5. Approximate date of filing lawsuit May 30<sup>th</sup>, 2015

6. Is the case still pending? Yes ☒ No ☐  
If NO, give the approximate date of disposition \_\_\_\_\_
7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I declare under penalty of perjury that the foregoing is true and correct.**

Signed this 15<sup>th</sup> day of September, 2015.

Signature of Plaintiff \_\_\_\_\_

Inmate Number \_\_\_\_\_

Institution Address \_\_\_\_\_

3491503252  
Vernon C. Bain Center  
1 Halleck Street  
Bronx, New York  
10474

**Note:** All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 19<sup>th</sup> day of September, 2015, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff: \_\_\_\_\_



**THE CITY OF NEW YORK**  
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Michael R. Bloomberg  
Mayor

Thomas R. Frieden, M.D., M.P.H.  
Commissioner

Nyc.gov/health

**DISCHARGE PLANNING COMMUNITY REFERRAL**

FIRST NAME: Joseph LAST NAME: Canna  
BOOK & CASE #: 349-15 03252 FACILITY: AMKC C95  
DATE OF BIRTH: 10/30/90 DATE OF DISCHARGE: UNKNOWN

**YOU HAVE BEEN REFERRED TO THE FOLLOWING:**

PROGRAM NAME: **BELLEVUE ASSESSMENT MEN'S SHELTER**

REFERRAL DATE: 4-10-15

DATE OF APPOINTMENT: Upon Release TIME OF APPOINTMENT: Call for appointment

TELEPHONE NUMBER: 212 -481-4731

ADDRESS 400-430 1<sup>ST</sup> Avenue, NY (29<sup>th</sup> Street)

CONTACT PERSON: Intake

**I HAVE RECEIVED A COPY OF THE INFORMATION FOR THE PROGRAM I AM BEING REFERRED TO.**

[Signature]  
SIGNATURE OF CLIENT

4/10/15  
DATE

REFERRED BY:

NAME: Jensy

TITLE: Discharge Planner

TELEPHONE NUMBER: 347-774-7482





**THE CITY OF NEW YORK**  
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Michael R. Bloomberg  
Mayor

Thomas R. Frieden, M.D., M.P.H.  
Commissioner

nyc.gov/health

DISCHARGE PLANNING COMMUNITY REFERRAL

FIRST NAME: Joseph LAST NAME: Cannon  
BOOK & CASE #: 344.15.03252 FACILITY: AMHC-C95  
DATE OF BIRTH: 10/30/90 DATE OF DISCHARGE: Unknown

YOU HAVE BEEN REFERRED TO THE FOLLOWING:

PROGRAM NAME: **BELLEVUE HOSPITAL CENTER**

REFERRAL DATE: 4.10.15

DATE OF APPOINTMENT: Upon Release TIME OF APPOINTMENT: Call for appointment

TELEPHONE NUMBER: 212-562-4721

ADDRESS 462 1<sup>ST</sup> AVENUE, NYC, NY 10016

CONTACT PERSON: Intake

WALK-IN HOURS, MONDAY - FRIDAY FROM 8A.M. - 2 P.M. 2<sup>ND</sup> FL. CB BUILDING

I HAVE RECEIVED A COPY OF THE INFORMATION FOR THE PROGRAM I AM BEING  
REFERRED TO.

  
SIGNATURE OF CLIENT

4/10/15  
DATE

REFERRED BY:

NAME: Jensy

TITLE: Discharge Planner

TELEPHONE NUMBER: 347-774-7480

Mr. Joseph S. Cannon 34-11503252  
Bernon C. Bain Center  
1 Halleck Street  
Bronx, New York 10474

Reo SE  
CF 9/25/15



RECEIVED  
SDNY PRO SE OFFICE  
2015 SEP 25 PM 4:38

Clerk  
United States District Court  
Southern District of New York  
The Daniel Patrick Moynihan United States Courthouse  
500 Pearl Street - New York, NY  
- 10007 -

NEW YORK NY 100

23 SEP 2015 PM 16 L



10007133099

